

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09643630

APPLICANT(S)

FILING DATE  
08-31-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2	✓					
3	✓					
4	✓					
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7	✓					
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9	✓					
10	✓					
11	✓					
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TOTAL IND.	3					
TOTAL DEP.	18	↔	↔	↔		
TOTAL CLAIMS	21	↔	↔	↔		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		↔	↔	↔		